

City of Seattle

Personnel Department

Employment Services PO Box 34028

http://www.seattle.gov/personnel/employment/

Seattl	e,WA	98124	-4028	
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APPLICATION FOR EMPLOTMENT				
Date:				
Job Title:				
Job Number:				

ADDITION EOD EMDLOVMENT

APPLICATION INFORMATION—Please read this information carefully.

- Applications completed online are preferred.
- Applications will be evaluated for open positions only.
- Applicants are required to complete a separate application for each position to which they apply.
- Please provide all requested information on the application. Incomplete applications may have a bearing on their consideration.
- Supplemental information (e.g., resumes, cover letters) may be provided only if it is requested in the job posting.
- Applications must be submitted by the advertised closing date and time. Postmarks will not be accepted.
- The City of Seattle reserves its option to use random sampling for high-volume positions.
- Interviews are by invitation only and are scheduled by the employing department.
- The City of Seattle will provide reasonable accommodations for qualified applicants with disabilities.
- Job offers are contingent upon meeting the position requirements and providing proof of eligibility to legally work in the US.

PERSONAL 1	INFORMATION—This s	section is re	quired.				
Name:	Last (Family) Name		F	irst (Given) Nan	10	Mid	dle Initial
Address:	Last (Fairilly) Name		Γ1	irst (Giveri) ivan	ie	Mad	uie Iiiliai
Addi C55.	Number and Street Name	e ,	Apt/Unit C	ity	Sta	ate ZIP,	Postal Code
Phone:	Email Address:						
	Area code and number				Optional		
_	ever been employed b	-			s, dates or em	ployee id:	
If yes, were	you involuntarily dismi	ssed?	Reaso	on?			
SKILLS/EO	UIPMENT —Please ident	ify your ski	lls and	LICENSES/	CERTIFICATION	ONS —Please ide	entify licenses
	nowledge that pertain to					es that pertain to	
Name	E	xperience	Last Used	Name		ı	Date Issued
				-		-	
EDUCATION	I—Please provide all rec	uested info	rmation for	each institution	on.		
Institution Na	•		City, State		Major	Degree	Graduation
							Date
							Date
							Date
						-	Date
						-	Date
						-	Date
						-	Date
RELEVANT 1	INFORMATION—Please	e provide ad	lditional info	ormation that	pertains to this	-	Date
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WORK EXPERIENCE—Please provide all requested info	ormation for each experience.
Employer:	Job Title:
City, State:	
Supervisor:	
Telephone:	<u> </u>
From: To:	
Reason for Leaving:	
Employer:	Job Title:
City, State:	
Supervisor:	
Telephone:	
From: To:	
Reason for Leaving:	
Employer:	Job Title:
City, State:	
Supervisor:	
Telephone:	
From: To:	
Reason for Leaving:	_
Employer:	Job Title:
City, State:	
Supervisor:	_
Telephone:	_
From: To:	
Reason for Leaving:	
CONDITIONS OF APPLICATION	
I hereby affirm that my responses to the foregoing of the foregoing o	questions are true and correct and that I have not knowingly
withheld any fact or circumstance which would, if die In compliance with the Immigration Reform and Cor	sclosed, affect my application unfavorably. ntrol Act, all employment offers will be contingent upon
selected applicants providing acceptable proof of ide	entity and authorization to work in the United States.
	the material facts called for in this application or other records I authorize the City of Seattle to verify any and all information
contained in this application and to inquire into my	character, ability and work habits from former employers and
others, and I release the City of Seattle and all concreceived or provided.	terned from any liability in connection with any information
	e fitness and suitability of applicants for employment. AGREE TO THE ABOVE CONDITIONS.
Applicant Signature:	Date:
☐ Check here if you do not wish to have this application	ation potentially considered for other City positions.

APPLICANT DATA

This information is used by the City of Seattle to maintain accurate records for those individuals who apply for and accept positions with the City of Seattle. Applicants are considered for all positions, and employees are treated during employment without regard to race, ethnic origin, religion, gender, sexual orientation, gender identity, national origin, age, marital status, veteran status, medical condition, or disability.

As employers and government contractors, we comply with federal regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, legal requirements, and the City of Seattle's commitment to diversity, please provide us with the following information. If you identify with more than one ethnic group, the City of Seattle respects your right to do so. However, the City of Seattle is unable to incorporate multi-ethnic identifications in its affirmative action/equal employment opportunity program. Only check the one ethnic group you identify with most. We appreciate your cooperation.

The data provided will be kept **confidential and separate from applications for employment**. You may choose to not report any part of the information. A decision not to provide the requested information will not result in any adverse treatment of your application for employment.

Date:	
Job Title:	
Job Number:	
Demographic Information —Please select only <i>ONE</i> from	each category.
Gender □ Male	Race/Ethnicity
☐ Female	☐ Black
☐ Not Specified	☐ Hispanic
·	☐ Asian/Pacific Islander
	☐ American Indian/Alaskan Native
	□ Not Specified
Referral Source—Please select only ONE from the list belo	w.
☐ City Employee	☐ Newspaper
☐ City Website	☐ Friend – Word of Mouth
☐ Professional Association Website	☐ Job Fair
Other Website	☐ Agency
☐ Walk-In (Job Center)	Recruiter
☐ Other	